

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>2573</u>	2 Fiscal Year Covered From <u>11</u> / <u>11</u> / <u>05</u> Through <u>12</u> / <u>31</u> / <u>05</u>
3 Name and address of person filing Name <u>Thomas W Stiege</u> P O Box Bldg Room No if any <u>Rm 502</u> Street <u>300 S Ashland Ave</u> City <u>Chicago</u> State <u>IL</u> ZIP Code + 4 <u>60607</u>	4 Name file number and address of labor organization Name <u>Local Union 703 IBofT</u> Labor Organization File Number <u>022671</u> P O Box Building and Room Number if any <u>Rm 502</u> Street <u>300 S Ashland Ave</u> City <u>Chicago</u> State <u>IL</u> ZIP Code + 4 <u>60607</u>
5 Position in labor organization <u>Secretary Treasurer</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name <u>Safeway Inc.</u> Trade Name if any <u>Dominicks Fresh Foods</u> P O Box Bldg Room No if any <u></u> Street <u>4410 Rosewood Drive</u> City <u>Pleasanton</u> State <u>CA</u> ZIP Code + 4 <u>94588</u>	7 a Nature of Interest, Transaction or Income <u>see attachment P 1</u> 7 b Amount <u>see attachment P 1</u>

### Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

On

5/13/06

Date

(312) 738-1350

Telephone Number

Name of Person Filing Thomas W Stiene

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Legacy Professionals LLPTrade Name if any P O Box Bldg Room No if any Suite 4200Street 30 N La Salle StreetCity ChicagoState IL ZIP Code + 4 60607

## 9 Business deals with

☒ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 see attachment Ps 2

## 11 a Nature of such dealing

C.P.A. for Benefit Trust Funds  
and Plan Sponsor Level 703

## 11 b Approximate dollar value of such dealing

200,000

## 12 a Nature of interest held or income received

see attachment Ps 312 b Amount see attachment Ps 3

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant  
(including trade name if any)Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 

## 14 a Nature of payment

## 14 b Amount of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

7) a Union and employer bargaining committees met approximately over 20 times in in long negotiating sessions Food and beverages of unknown value were made available by the employer to all participants , union paid lost wages of employees who attended

- - - b Approximately \$250 00 -

10) Chicago Area I B OF T Benefit Trust Funds

Local 703 I BOF T negotiates Collective Bargaining Agreements providing for Employer contributions to the following 3 Benefit Trust Funds

- 1) Chicago Area I B OF T Pension Trust Fund
- 2) Chicago Area I B OF T Health & Welfare Trust Fund
- 3) Chicago Area I B OF T Severance & Retirement Fund

The Funds share boards of trustees, employees, facilities, and equipment and have cost allocated among them by the independent C P A firm of Legacy Professionals L L P

12 a ) Dinner Meeting to discuss up coming audit 2/24/05	12 b ) \$108 47
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Meeting to discuss general Trust and Union issues Golf/Dinner 4/19/05	\$147 21
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Refreshment 4/27/05	\$12 50
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Refreshment 8/01/05	\$5 38
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